

#12

**COMBINED AMENDMENT & PETITION FOR EXTENSION OF
TIME UNDER 37 CFR 1.136(a) (Large Entity)**

Docket No.
MR/98-004.C

In Re Application Of: **GEORGE J. MISIC**

Serial No.
10/082,818

Filing Date
2/25/2002

Examiner
Louis M. Arana

Group Art Unit
2859

Invention: **MULTIMODE OPERATION OF QUADRATURE PHASED ARRAY MR COILS SYSTEMS**



TO THE ASSISTANT COMMISSIONER FOR PATENTS:

This is a combined amendment and petition under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of 11/18/2002 in the above-identified application.
Date

The requested extension is as follows (check time period desired):

☐ One month ☐ Two months ☐ Three months ☐ Four months ☒ Five months

from: 2/18/2003

until: 7/18/2003

Date

Date

Adjustment date: 08/06/2003 AKELLEY
07/11/2003 AWONDAF1 00000109 132530 10082818
04 FC:1255 1970.00 CR

RECEIVED

JUL 11 2003

OFFICE OF PETITIONS

The fee for the amendment and extension of time has been calculated as shown below:

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	34 -	21 =	13	x \$18.00	\$234.00
INDEP. CLAIMS	4 -	3 =	1	x \$84.00	\$84.00
FEE FOR AMENDMENT					\$318.00
FEE FOR EXTENSION OF TIME					\$1,970.00
TOTAL FEE FOR AMENDMENT AND EXTENSION OF TIME					\$2,288.00

07/11/2003 AWONDAF1 00000109 132530 10082818

04 FC:1255 1970.00 DA

**COMBINED AMENDMENT & PETITION FOR EXTENSION OF
TIME UNDER 37 CFR 1.136(a) (Large Entity)**

Docket No.
MR/98-004.C

The fee for the amendment and extension of time is to be paid as follows:

- ☐ A check in the amount of **\$2,288.00** for the amendment and extension of time is enclosed.
- ☒ Please charge Deposit Account No. **13-2530** in the amount of **\$2,288.00**
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **13-2530**
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. **13-2530** A duplicate copy of this sheet is enclosed.


Signature

Dated: **July 7, 2003**

James R. Stevenson
Medrad, Inc.
One Medrad Drive
Indian la, PA 15051

I certify that this document and fee is being deposited
on **7/7/2003** with the U.S. Postal Service as
first class mail under 37 C.F.R. 1.8 and is addressed to the
Assistant Commissioner for Patents, Washington, D.C.
20231.


Signature of Person Mailing Correspondence

James R. Stevenson

Typed or Printed Name of Person Mailing Correspondence

CC:

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>8-5-03</u>		2 Serial/Patent # <u>10/082,818</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	12	7-10-03	\$1970 —							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 1970 —							
		8 TO BE REFUNDED BY:									
		Treasury Check									
		Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">5</td> <td style="width: 20px;">3</td> <td style="width: 20px;">0</td> </tr> </table>			1	3	--	2	5	3	0
1	3	--	2	5	3	0					
10 REASON:											
	Overpayment										
	Duplicate Payment										
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
extension not necessary											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>E-tannouse</u>		TITLE: <u>Pet-Atty.</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>306 9200</u>									
OFFICE: <u>4700</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>8/6/03</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B